Applied For

\$8.75 Additional

Not Applicable

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N98000001902

GULF COAST INDIA ASSOCIATION, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

2400 WEST MICHIGAN AVE. STE. 17-A PENSACOLA FL 32526

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## **FILED** Feb 23, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

04/01/1998

4. FEI Number

Country	Zip	Zip Country			6. Election Camp	paign Financing	П	\$5.00	May Be
25	29	30			<del></del>	<del> </del>			to Fees
9. Name and Address of Current F	Registered Ag	ent			10. Name and Ad	idress of New Re	gistered A	gent	
			81	Name					
MES L			82	82 Street Address (P.O. Box Number is Not Acceptable)					
VERNMENT ST.									
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			04	0.4		<del></del>		te Zin	Code
			G-4	City			FL	65  2.5	0000
gistered agent, or both, in the State of	Florida, Such e	change was autho	rized by	the corpo	corporation submits this s pration's board of director	statement for the p s. I hereby accept	urpose of c the appoint	hanging it ment as r	s registered egistered
Clanative broad as existed some of registered agent to	nd title if annicable	/NOTE: Red	istered Ager	it signature n	equired when reinstation)		DATE		
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	9. Name and Address of Current F  MES L  VERNMENT ST.  A FL 32501  of the provisions of Sections 617.0502 a gistered agent, or both, in the State of a familiar with, and accept the obligation of FICERS AND  OFFICERS AND	9. Name and Address of Current Registered Ag  MES L  VERNMENT ST.  A FL 32501  To the provisions of Sections 617.0502 and 617.1508, gistered agent, or both, in the State of Florida. Such a familiar with, and accept the obligations of, Section of Sections of	9. Name and Address of Current Registered Agent  MES L VERNMENT ST. A FL 32501  The provisions of Sections 617.0502 and 617.1508, Florida Statutes, in the provisions of Sections 617.0502 and 617.1508, Florida Statutes, in familiar with, and accept the obligations of, Section 617.0503, Florida Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  DELETE  DELETE  DELETE	9. Name and Address of Current Registered Agent  MES L VERNMENT ST. A FL 32501  34  35  36  36  37  38  38  38  38  38  38  38  38  38	9. Name and Address of Current Registered Agent  MES L VERNMENT ST. A FL 32501  83  WE provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named gistered agent, or both, in the State of Florida. Such change was authorized by the corport familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  2.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  DELETE  1.1 TITLE  4.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  DELETE  1.1 TITLE  4.2 NAME  3.3 STREET ADDRESS  4.4 CITY-ST-ZIP  DELETE  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  4.4 CITY-ST-ZIP  DELETE  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  DELETE  5.1 TITLE  5.2 NAME  6.3 STREET ADDRESS  5.4 CITY-ST-ZIP  DELETE  5.1 TITLE  5.2 NAME  6.3 STREET ADDRESS  5.4 CITY-ST-ZIP  DELETE  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP	25	25   29   30   Trust Fund Contribution  9. Name and Address of Current Registered Agent  MES L  VERNMENT ST. A FL 32501  84   City  10. Name and Address (P.O. Box Number is Not Acceptable or Provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 617.0502 and 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept in familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  (NOTE: Registered Agent agreture required when ministrating)  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFI 12 NAME 13. STREET ADDRESS 14. GTT/-ST-2P  DELETE 21. TITLE 21. TITLE 32. STREET ADDRESS 24. OW. Michigan Ave. 32. STREET ADDRESS 33. STREET ADDRESS 34. GTT/-ST-2P  DELETE 41. TITLE 42. NAME 43. STREET ADDRESS 44. GTT/-ST-2P  DELETE 51. TITLE 52. NAME 43. STREET ADDRESS 54. GTT/-ST-2P  DELETE 61. TITLE 52. NAME 63. STREET ADDRESS 64. GTT/-ST-2P  DELETE 61. TITLE 52. NAME 63. STREET ADDRESS 64. GTT/-ST-2P  DELETE 61. TITLE 62. NAME 63. STREET ADDRESS 64. GTT/-ST-2P	25	Trust Fund Contribution   Added

insucated on this altitual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under dath; that I am all officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patel 1-5-99 850-457-3469